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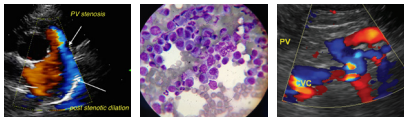

SonoPath
Clinical Sonography & Telecytology
EDUCATIONAL TELECONSULTATION SERVICES™
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DATE

2/16/22

PATIENT

Sophie Grace Shockley

SPECIES

Feline

BREED

DSH

SEX

Spayed Female

AGE

4/20/12

WEIGHT

13.06 Pounds

INTERPRETED BY

Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY

Rachel Brilhart RDMS

HOSPITAL NAME

Westminster VH

REFERRING VET

Dr. Hall

INVOICE

35698

PRESENTING CLINICAL SIGNS

History: Patient presented on 2/11 for vomiting. Owner reported that pet is a known vomiter and on occasion would vomit. Vomitus would include hairballs or food or sometimes just bile. Owner reports that pet is now vomiting daily which is abnormal for her. Owner thinks this behavior started around 01/31/22. Pet's appetite is slightly decreased as well and this corresponds to pet's increase in vomiting. On PE pet was QAR, apparently adequately hydrated. Pet was overweight but had lost 1.13lbs since 07/21. Pet's mm were pink and moist; mild to moderate dental tartar was appreciated. Abdomen was soft and non painful with no obvious abnormalities noted. Bloodwork and radiographs were recommended and completed. Results listed below. As a result, abdominal US was recommended for pet.

Current Medications: Cerenia 6mg PO SID for 5 days started 2/11/22.
Lab Results: 02/11/22: CBC: RBC: 11.51M/uL (7.12-11.46); reticulocytes: 0K/uL (3-50); Lymphocytes: 0.42K/uL (0.85-5.85); Chem27: Normal, UA: unable to obtained, TT4: 2.5ug/dL (0.8-4.7), Snap fPL: Normal.
Radiographs: 2/11/22: Radiology Report: 1. Scant peritoneal effusion
– Differentials to consider include peritonitis, pancreatitis, transudate, neoplastic effusion and less likely hemorrhage or urine.
2. Mild small intestinal attention
– This may be a normal patient variant, however infectious or inflammatory gastroenteritis and pancreatitis are also considered.
– There is no evidence of small intestinal mechanical ileus.
3. The soft tissue noted in the plane of the cardiac silhouette may represent atelectasis, however pneumonia is also considered.
4. Right coxarthrosis
Date of Previous IntraPet Ultrasound: No previous IntraPet scans.
Sedation: Not required to complete full diagnostic ultrasound.
Stat Report: Not requested.

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents and a large amount of echogenic/mineral sand/debris, primarily settled along the dependent wall. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface. Echogenic shadowing debris is also present within the urethra. There is no evidence of overdistention or obstruction noted in these images.

The right kidney is normal in size (3.66 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.77 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be visualized. The area is evaluated without evident pathology.

The left adrenal gland is normal in size (0.28 cm at the cranial pole and 0.33 cm at the caudal pole), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen
The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal
The stomach wall is normal in thickness (canine < 0.5 cm and feline < 0.4 cm) and layering. The pylorus contains a small amount of echogenic debris, likely normal ingesta, with no evidence of shadowing and/or distention to indicate obstruction. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering (canine duodenum < 0.5 cm and feline duodenum < 0.4 cm; other < 0.3 cm). Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is empty with no evidence of obstruction, foreign material or infiltrative disease.

Pancreas
The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen
In the area of the Ileocecocolic junction, there is an almost round, hypoechoic nodule that measures 1.0 cm x 0.6 cm hypoechoic nodule that is presumably an enlarged lymph node. No free fluid is visible at this time in these images.

ULTRASONOGRAPHIC FINDINGS

- Mineral debris/sand in the urinary bladder and present within the urethra with no current evidence of overdistention or obstruction of the urinary bladder.
- Hypoechoic nodule near the Ileocecocolic junction – Believed to be a lymph node, likely reactive. However, infiltrative neoplasia versus nodule of other origin cannot be definitively ruled out.
- Small amount of echogenic debris within the pylorus – Most consistent with normal ingesta. No other evidence of infiltrative disease, obstruction, etc.
- No evidence of free fluid at this time in these images.

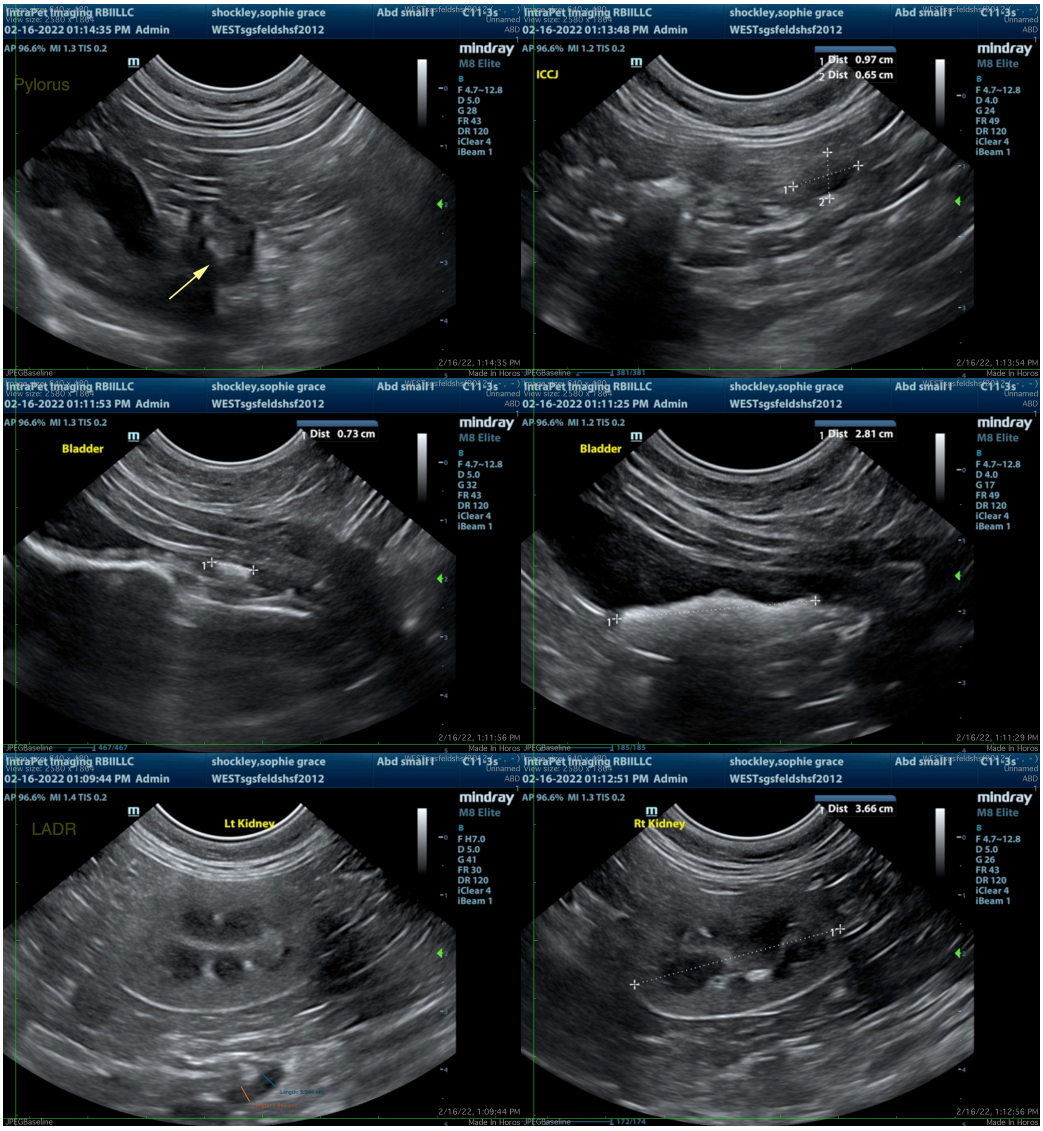
INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

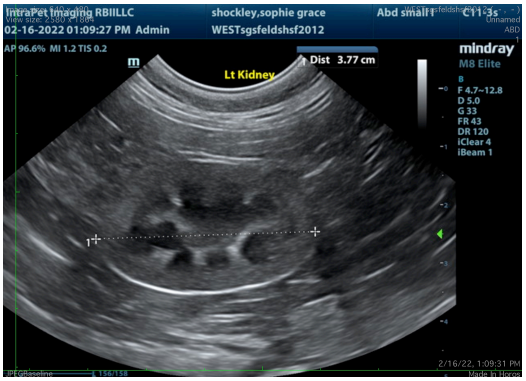
Recommendations include a urinalysis and urine culture due to a large amount of mineral debris as well as further discussion with the owner about any possible lower urinary signs including stranguria or any evidence of intermittent or partial obstruction. A gastrointestinal malabsorption panel including TLI, PLI,

folate and cobalamin to Texas A&M GI laboratory is recommended for further evaluation of the GI tract and pancreas, given the reported weight loss and vomiting, etc.

A fine needle aspirate of the lymph node/nodule near the Ileocecocolic junction is recommended is possible and if patient's coagulation status is appropriate. If the nodule/lymph node is unable to be reached for fine needle aspirate at this time, close monitoring with recheck ultrasound in 4-6 weeks, especially if clinical signs persist and/or progress, is recommended. If clinical signs persist and/or progress, exploratory laparotomy for biopsies of the intestines as well as the enlarged lymph node may ultimately be required to definitively diagnosis and therefore manage the underlying cause of the gastrointestinal signs.

In the meantime, management of acute gastroenteritis with antiemetics, gastroprotectants +/- appetite stimulant if necessary, as well as potentially a diet transition to a novel or hydrolyzed protein diet would be recommended.





The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
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